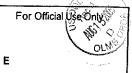
U.S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U- 8011

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1/109 Through: 12/31/04	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name William + 6 rem	Name Parick kingers and Hilled Craft	
	Labor Organization File Number 5 10 - C 4 9	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 100 King 5 tam Dr.	Street 100 Kingston Dr.	
city Pgn	city P5 h	
State Vkn ZIP Code + 4 15285	State Pa ZIP Code + 4 15 2 35	
5. Position in labor organization.		
	sectoral in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or d monetary value from an employer whose employees your organization	erived income or other economic benefit of n represents or is actively seeking to represent	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name three Rivers Amerity Line	divini and 1-20-04	
Trade Name, if any:	divinity and 1-60-84	
P.O. Box, Bldg., Room No., if any C/C Gene Grange		
Street 1200 three batturany Cto.	7.b. Amount.	
city fig in	61.71	
State Va ZIP Code + 4 (5232		
Signatu	re	
15. Signature and verification. The undersigned declares, under penalty of Per submitted in this report (including the information contained in any accompanying	jury and other applicable penalties of the law, that all of the information	

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

on 8-12-05 4128250923

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U - SO II

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

5. Position in Jabor organization.

Name William + 6 rem

100 Kong Stan Dr.

ZIP Code + 4 1 3

Ε

State

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

ZIP Code +4 15 235

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

city P5 h

1 /21/04 Through: 12/31/04

Name Borickky ers and Hillicel Craft

4. Name, file number, and address of labor organization.

Labor Organization File Number 540 ← 049

P.O. Box, Building and Room Number, if any

Street 100 Kingston Dr.

Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirect isions set forth in the instructions):	ly had any of the following interests		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic on represents or is actively seeki	benefit of ing to represent.		
6. Name and address of Employer (including trade name, if any). Name Twee Rivers Awaring Frede Name, if any:	7.a. Nature of Interest, Transaction, or Income. Meeting expenses IN Childry dinner ON 15-19-09			
P.O. Box, Bldg., Room No., if any C/O Gern Group Street 200 three bottomy Ctr.	7.b. Amount.			
city Pag L	46.20			
State Pa ZIP Code + 4 (5232				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed William I Heler	on 8-12-05 41			
	Date	Telephone Number		
Form LM-30 (2003)				